

1.) CORPORATION NAME:

PODIATRY INSURANCE COMPANY OF AMERICA

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CORPORATION SERVICE COMPANY**
Bank of America Center, 16th Floor
1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
IL

DUE DATE: **2/29/2012**

SCC ID NO: **F1500315**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3000 MERIDIAN BLVD
STE 400

CITY/ST/ZIP: FRANKLIN, TN 37067-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JERRY D BRANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: D/P/CEO		
ADDRESS: 300 MERIDIAN BLVD STE 400		
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-		
NAME: ADAM P WILCZEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: SENIOR VP/COO		
ADDRESS: 3000 MERIDIAN BOULEVARD SUITE 400		
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-		
NAME: KATHRYN A NEVILLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 100 BROOKWOOD PL STE 300		
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-		
NAME: DANA HENDRICKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 3000 MERIDIAN BLVD STE 400		
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-		
NAME: W STANCIL STARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIR/CHRMN		
ADDRESS: 100 BROOKWOOD PL STE 300		
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-		

NAME: JANET C FOX TITLE: ASST CORP SECRE ADDRESS: 3000 MERIDIAN BLVD STE 400 CITY/ST/ZIP/CO: FRANKLIN, TN 37067-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: VICTOR T ADAMO TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HOWARD H. FRIEDMAN TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KIRK H PETERSEN TITLE: DIRECTOR ADDRESS: ZACK STAMP, LTD. 601 WEST MONROE STREET CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD L RAND, JR. TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ZACHARY L STAMP TITLE: DIRECTOR ADDRESS: ZACK STAMP, LTD. 601 WEST MONROE STREET CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DARRYL K THOMAS TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROSS E TAUBMAN TITLE: EXEC VP ADDRESS: 3000 MERIDIAN BLVD. SUITE 400 CITY/ST/ZIP/CO: FRANKLIN, TN 37067-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
<u>/s/ JANET C FOX</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JANET C FOX, ASST CORP SECRE</u> PRINTED NAME AND CORPORATE TITLE
<u>2/20/2012</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	